

PART B - FEE(S) TRANSMITTAL

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7590 12/07/2005

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<i>MICHAEL DIAZ</i>	(Depositor's name)
<i>Michael L. Diaz</i>	(Signature)
<i>3/7/06</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/747,770	12/29/2003	Joseph L. Cordina	5014-0002	6490

TITLE OF INVENTION: ALERTING SYSTEM FOR AIRCRAFT CREW

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	03/07/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS		
ELDRIDGE, JOHN W		3644	244-185000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address Form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 *MICHAEL DIAZ*

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

AT&T Wireless, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

<i>PARKER, TX</i>	01 FC:2501	700.00 OP
	02 FC:1504	300.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Michael L. Diaz

Date

3/7/06

Typed or printed name

MICHAEL DIAZ

Registration No.

40588

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